



Advancing Healthcare Through Quality

 St. Tammany
Quality Network

2016 Annual Report

Mission

Our mission is to align key physicians and St. Tammany Parish Hospital in a patient-centered, healthcare delivery system that is accountable for quality of care and cost of care.

Vision and Values

STQN will be a clinically integrated organization that provides the highest quality and the most efficient care to the patients we serve and position the hospital and the aligned physician partners for present and future success.

As a physician group we value compassion and empathy for patients; effective communication across the continuum of care; expert clinical knowledge and judgment; a focus on teamwork; the belief that the practice of Medicine is a service calling and a privilege.

Table of Contents

04

Board Chair Update

Patrick Torcson MD MMM
STQN Governing Board Chair

18

2017 Strategic Plan

06

2016 Multidisciplinary Teams

- Chronic Obstructive Pulmonary Disease
- Congestive Heart Failure
- Sepsis
- Comprehensive Care in Joint Replacement
- Post-Acute Care
- Accountable Care Organization

20

2016 Annual Meeting

14

Medicare Spend Per Beneficiary

22

2016 Awards and Recognition

16

Medical Director Quality Awards

- Q1 Dr. Jill Gibson
- Q2 Dr. Roch Hontas
- Q3 Drs. Charles Baier & Mark James
- Q4 Drs. Joseph Landers & David Toups

23

2016 Board and Committee Members

Board Chair Update



St. Tammany Quality Network (STQN) continues to mature as an organization, achieving its four-year anniversary in 2016. The initial years were dedicated to developing data collection and clinical support infrastructure that began to drive improvements in care delivery. STQN's Network Operations Committee has been responsible for the groundwork that made this possible, and 2016 was a milestone year when STQN began participating as a Medicare Accountable Care Organization (ACO) through the Ochsner Accountable Care Network. In addition to STQN's endeavor to improve

the care of Medicare beneficiaries, STQN has been increasing its collaboration with the commercial insurers that offer quality programs to improve the health of their patients and improve outcomes. The STQN mission to improve the community's health is beginning to make a difference.

STQN's Performance Management Committee (PMC) has utilized data from different sources to identify key opportunities for improvement that will have the most impact on patient outcomes. STQN working with St. Tammany Parish Hospital (STPH), has developed strategies to improve quality of life for patients who have chronic heart failure and chronic obstructive pulmonary disease. With these high-risk patients, the goal is to manage symptoms outside the hospital to avoid unnecessary emergency department visits and hospital admissions. Another area of focus has been ensuring patients who present to the hospital with sepsis are managed utilizing best practices to minimize the adverse impact of this serious condition. Early and aggressive interventions provide the best opportunity to diminish the adverse effects of longer hospital stays and increased complications and mortality. Another area for PMC attention has been to improve processes and outcomes for patients undergoing elective knee and hip replacement. STQN orthopedists have spearheaded this improvement opportunity and produced significant positive results in the last 12

Medicare data showed that STQN-STPH collaboration has reduced Medicare Spend per Beneficiary by eight percent over the last five years in the attributed patient population and is equal to national spending benchmarks.

months. Finally, STQN has been evaluating post-acute care of patients discharged from STPH. STQN has initiated active work groups to promote care coordination with area home health agencies, outpatient rehabilitation centers, long-term acute hospitals and nursing homes by collaborating on ways to improve communication and ultimately improve our patient's outcomes in these post-acute settings.

STQN's Finance and Contracting Committee continues to evaluate efficiency opportunities that are in line with national benchmarks for value-based care. An example of this is that for the last reporting period available, Medicare data showed that STQN-STPH collaboration has reduced Medicare Spend per Beneficiary by eight percent over the last five years in the attributed patient population and is equal to national spending benchmarks.

In 2016, STQN welcomed two new board members, Dr. Robert Faucheux and Dr. L. Phillips Jenkins, who were elected to at-large positions by their physician peers. Both Dr. Faucheux and Dr. Jenkins have spent several years participating in STQN quality and efficiency improvement activities and will replace Dr. David Powers and myself as charter members of the STQN Board. In 2017, we look forward to the current board, along with the 246 STQN physician members, developing strategies that will continue to improve the health of the community and deliver on our mission to provide the highest quality care and the best value.

A handwritten signature in black ink that reads "Patrick Torcson".

Patrick Torcson MD MMM
STQN Governing Board Chair

In an effort to coordinate and improve patient outcomes in targeted diseases, STQN developed six multidisciplinary teams in 2016. These teams have been meeting on a bimonthly basis to develop action plans that will streamline care pathways, improve patient outcomes and reduce hospital admissions. The multidisciplinary teams, objectives and progress are listed on the following pages.

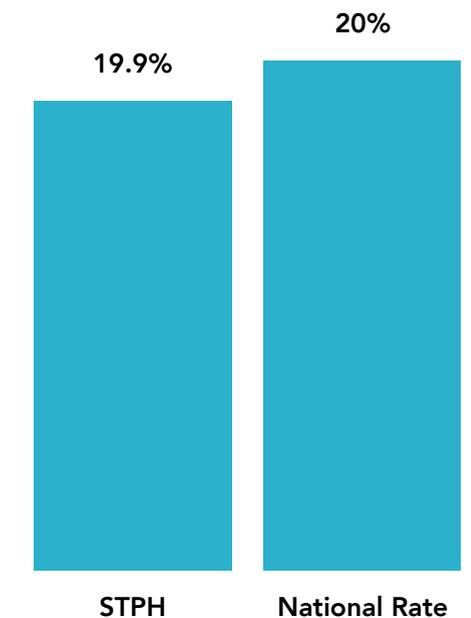
Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term used to describe progressive lung diseases including emphysema, chronic bronchitis, refractory (non-reversible) asthma, and some forms of bronchiectasis. This disease is characterized by increasing shortness of breath.

Aim Statement Reduce COPD 30-day readmission rate by Q4 2017

Reason for the Effort About half of the estimated \$50 billion in annual spend for COPD has been attributed to costs associated with hospitalizations for COPD exacerbations. STPH was penalized for COPD readmissions in 2016 for failing to meet the national benchmarks.

Problem to be Addressed Currently at national rate for COPD readmissions but historically had higher readmission rates



COPD Medicare
Q3 2012 – Q4 2015

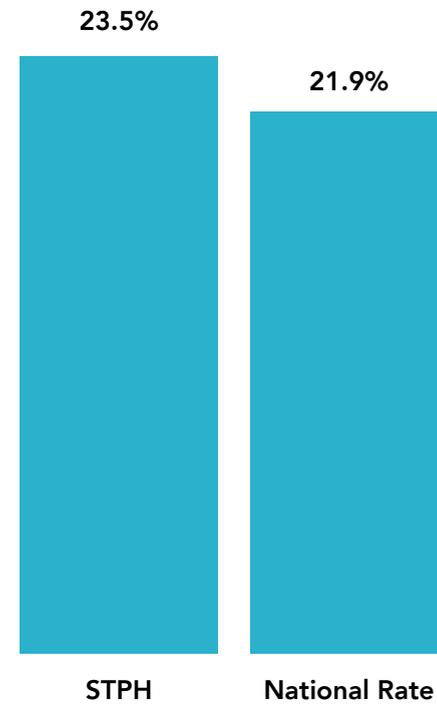
Congestive Heart Failure

Congestive Heart Failure (CHF) is a chronic condition that affects the efficiency of the heart muscle causing fluid buildup in the lungs or elsewhere in the body.

Aim Statement Reduce CHF 30-day readmission rate by Q4 2017

Reason for the Effort Heart failure costs the nation an estimated \$32 billion each year. About half of people with heart failure die within five years. STPH received a penalty for higher than expected CHF readmissions and mortality.

Problem to be Addressed STPH seven percent higher than CMS target for CHF readmission rate as of 3Q 2012 – 2Q 2015



CHF Medicare
Q3 2012 – Q2 2015

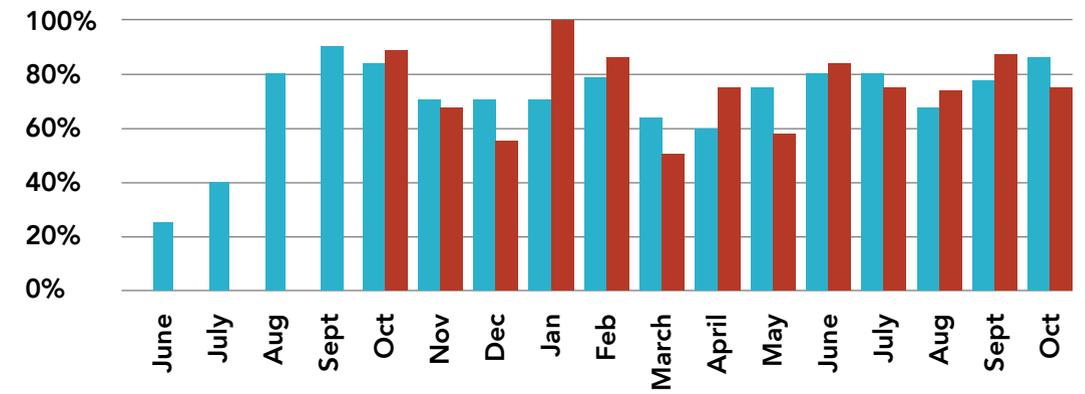
Sepsis

Sepsis is caused by a massive immune response to an infection. It can lead to organ failure and death.

Aim Statement Early identification of sepsis patients (sepsis, severe sepsis and septic shock) and CMS bundle compliance of 80 percent by 4Q 2017

Reason for the Effort High mortality and morbidity rates are associated with severe sepsis and septic shock.

Problem to be Addressed Early identification, appropriate assessment & timely intervention



STPH Severe Sepsis / Septic Shock Core Measure Compliance
2015 – 2016

■ Total Measure
■ CMS Rept



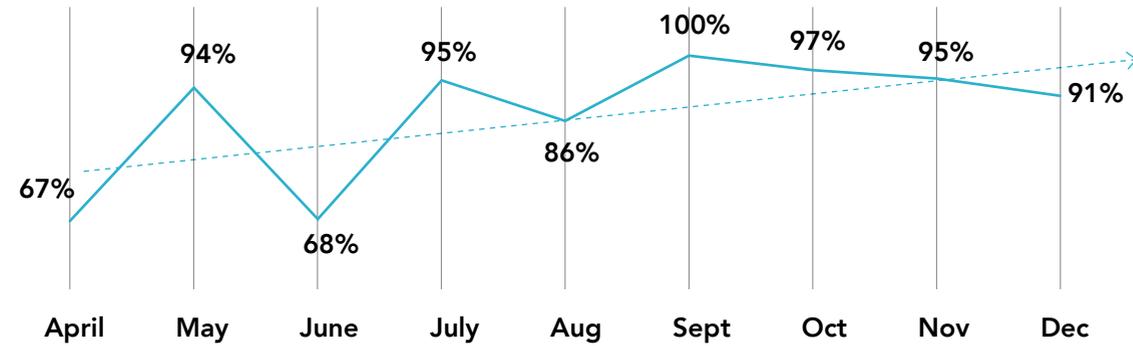
Comprehensive Care in Joint Replacement

Comprehensive care in joint replacement includes initial hospitalization and the 90 days after hospital discharge.

Aim Statement Budget neutral under Center for Medicare and Medicaid Services (CMS) program by 3Q 2016

Reason for the Effort STPH is now participating in the CMS Bundled Payment Mandate.

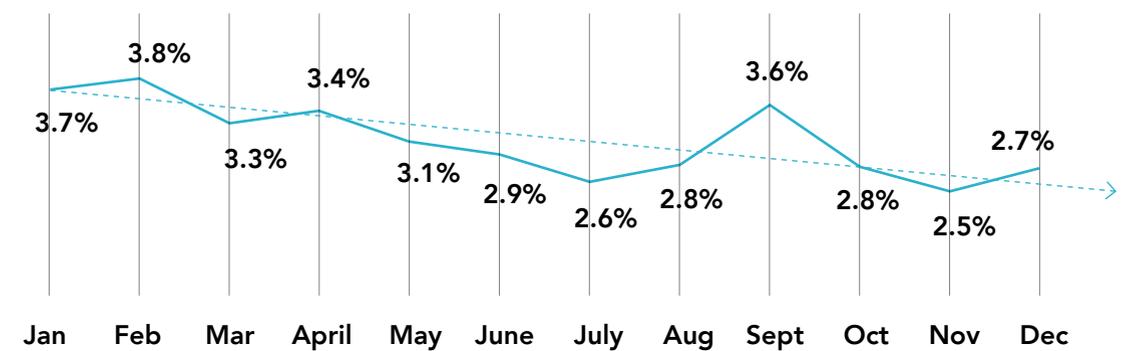
Problem to be Addressed Coordination and variation in joint replacement care



Percentage Joint Camp Attendance
2016



Average Cost
2016



Average Length of Stay at the Hospital
2016

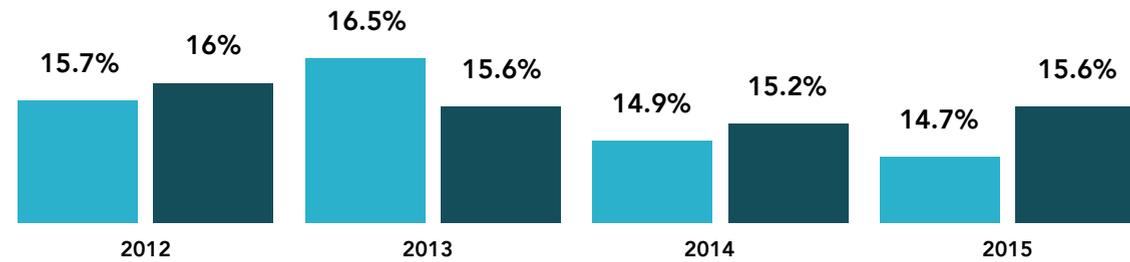
Post-Acute Care

Post-acute care includes any supportive care received after hospitalization. This incorporates care in a skilled nursing facility, long-term acute care facility, inpatient rehab unit, home health and outpatient rehab.

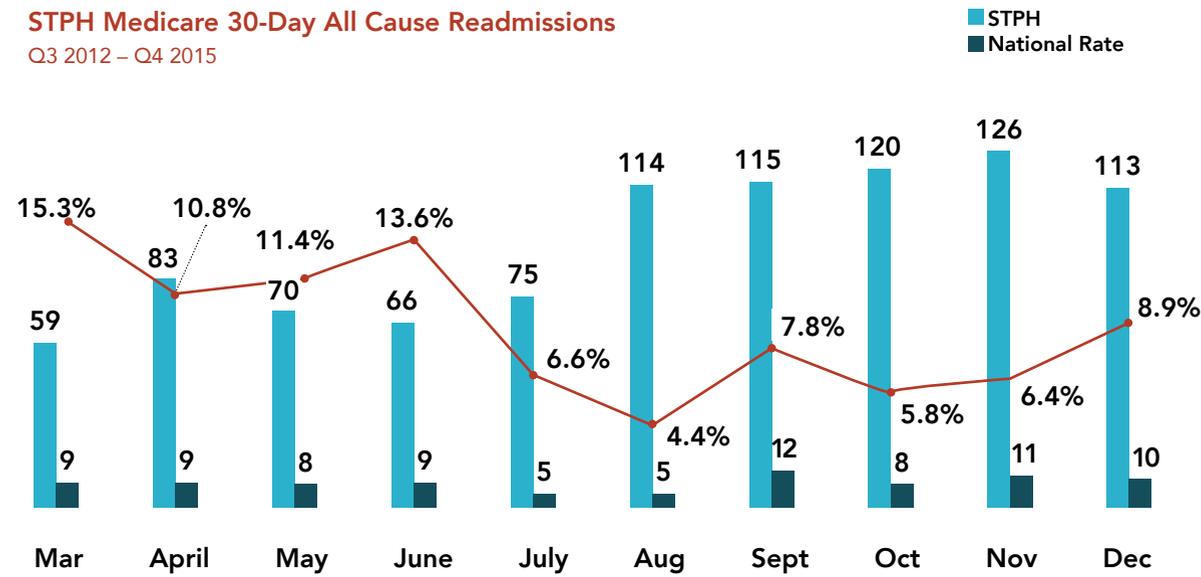
Aim Statement Readmission rate below 10 percent, post-acute spend and complication rates below state and national benchmarks by 4Q 2017

Reason for the Effort Readmission and post-acute spending are higher than national benchmarks.

Problem to be Addressed Coordination of care across the continuum and managing transitions of care



STPH Medicare 30-Day All Cause Readmissions
Q3 2012 – Q4 2015



Discharge Clinic Visits and Readmissions
2016

■ New Patients Seen
■ Readmits
■ Percentage of Readmits

Accountable Care Organization

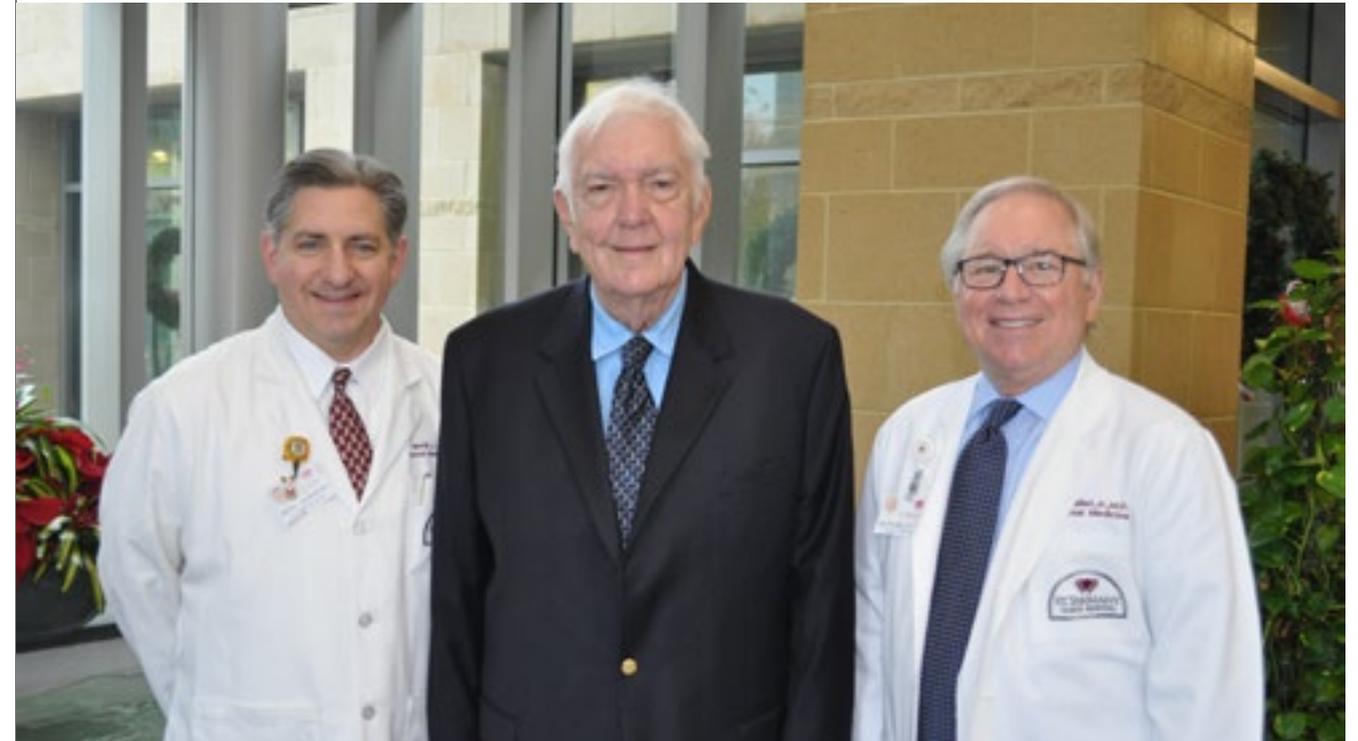
An Accountable Care Organization (ACO) is a group of doctors, hospitals and/or healthcare providers who work voluntarily with Medicare to provide patients with better, more coordinated healthcare services.

To fulfill the intent of the Medicare program, the ACO aims to improve beneficiary outcomes and increase value of care by providing:

- Better care for individuals
- Better health for populations
- Lowering growth in expenditures

Quality metrics are reported on each participant and are placed in the following domains:

- Patient/Caregiver Experience
- Care Coordination/Patient Safety
- Preventive Health
- At-Risk Populations

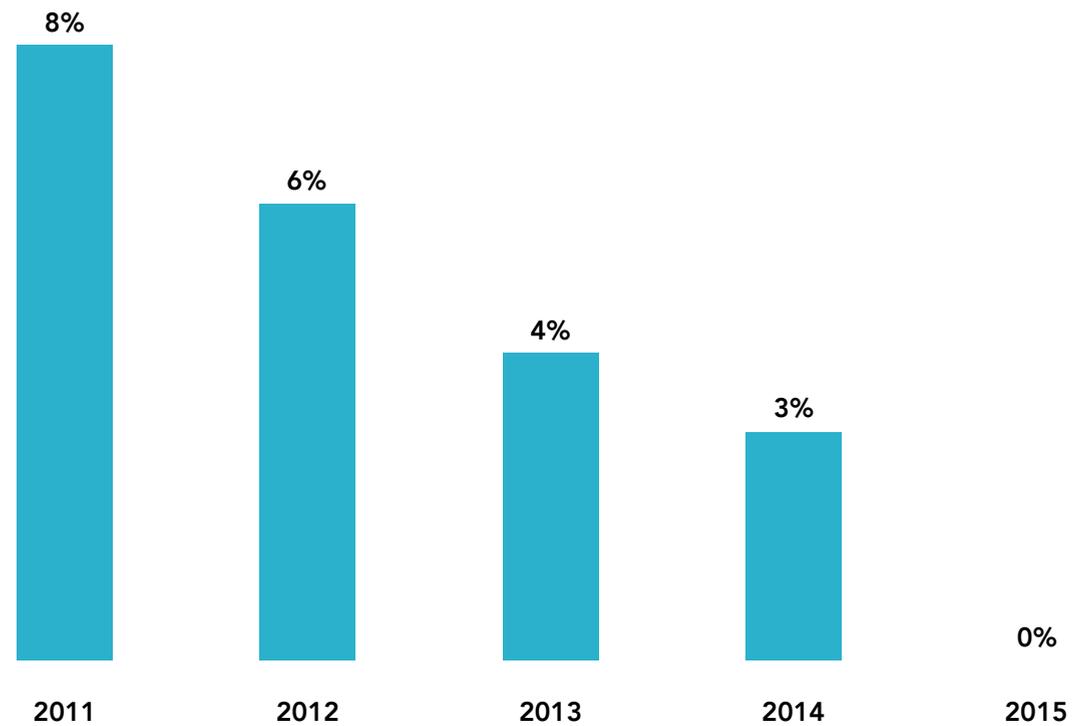


In 2016, approximately 8,000 beneficiaries from west St. Tammany and Washington Parishes were attributed to STQN physicians. An audit of 2016 data occurred in the first quarter 2017 to establish benchmarks for each metric and opportunities for improvement strategies will be developed.

Medicare Spend per Beneficiary (MSPB)

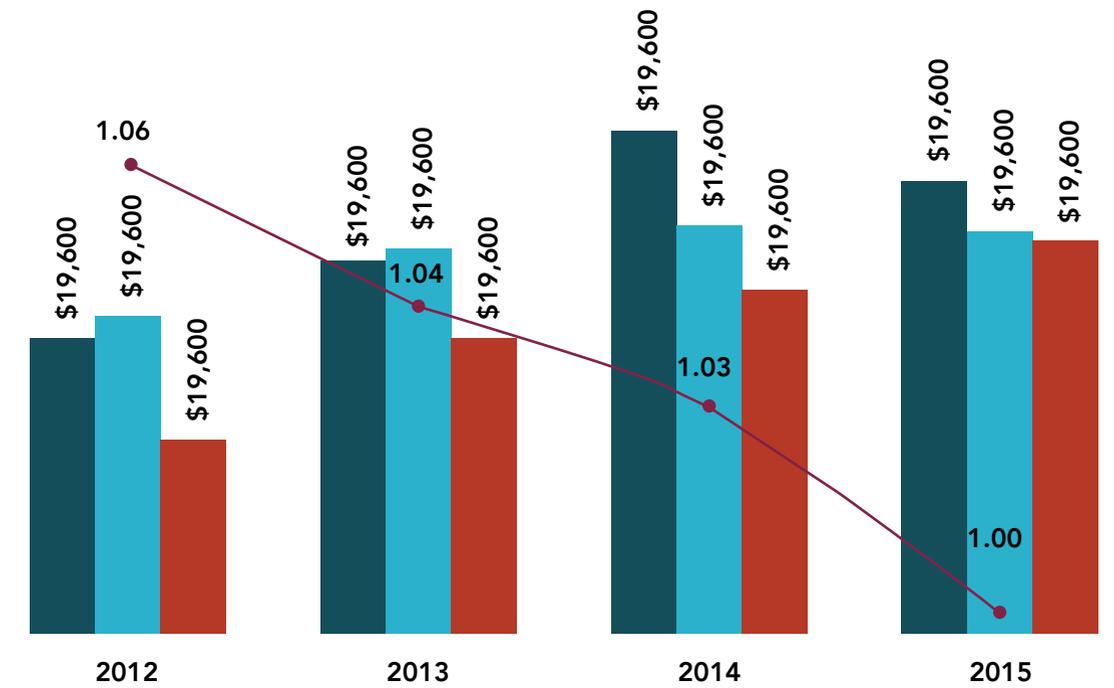
Medicare is transforming from a system that rewards volume of service to one that rewards efficient, effective care and reduces delivery system fragmentation. In order to achieve this goal, Medicare calculates an annual risk adjusted spend per beneficiary.

Throughout the last five years STPH has continued improvement to decrease MSPB. One of the major reasons for improvement is increasing physician awareness of the contributing factors that increase patient care costs. A focus on efficiencies in patient care permeates the culture at STPH and has resulted in a progressive decline in MSPB at STPH.



STPH Medicare Spend per Beneficiary
2011 – 2015

One of the major reasons for improvement is increasing physician awareness of the contributing factors that increase patient care costs.



Medicare Spend per Beneficiary (MSPB)
2012 – 2015

- Average Spend per Episode
- MSPB Amount Risk Adjusted
- US National Median MSPB
- Efficiency



Medical Director Quality Awards

Q1

First Quarter

The first quarter Medical Director Quality Award was earned by Dr. Jill Gibson, OB/GYN, for her excellence in obstetrical care, including the attainment of the lowest C-Section rate in first pregnancy women among her peers at St. Tammany Parish Hospital. Low C-Section rates are associated with decreased mortality and complications.



“Dr. Gibson was recognized by the state of Louisiana and by hospital data for having C-section rates that are below state and national averages,” said Dr. Michael K. Hill, STQN Medical Director. “We commend her for efforts in this endeavor.”

Q2

Second Quarter

The 2016 second quarter Medical Director Quality Award was presented to Dr. Roch Hontas. Dr. Hontas, an orthopedist at St. Tammany Parish Hospital, was recognized for spearheading the effort focused on improving outcomes and efficiencies associated with total hip and knee replacement. Under his leadership, since the effort began in March, more than 90 percent of patients now attend a pre-surgery education focused on setting expectations around the hospital admission as well as a plan of care post-discharge. This education is provided by physical therapists, social workers and pre/postoperative nurses. This multidisciplinary team ensures that the patient is prepared for surgery, understands post-surgical expectations and has the social support needed to accomplish maximal functional outcomes. Additionally, Dr. Roch Hontas is actively working with the other St. Tammany Parish Hospital orthopedists to identify best surgical and post-surgical practices as well as the best approach to rehabilitation in post-hospital settings.



“Dr. Hontas has been instrumental in moving St. Tammany Parish Hospital’s Comprehensive Joint Replacement program forward in a significant way,” said Dr. Michael K. Hill, STQN Medical Director. “We have been pleased with the pace of improvement in such a short period.”

Q3

Third Quarter

The 2016 third quarter Medical Director Quality Awards were presented to Drs. Charles Baier and Mark James. Dr. Baier, an internist in Mandeville, and Dr. James, a family practitioner in Folsom, were recognized for their exceptional quality outcomes in the management of certain populations. Patients of these physicians were more likely to maintain healthy blood pressures, comply with prescribed medications for certain chronic conditions, receive tobacco cessation counseling when appropriate and have controlled diabetes.



“These two physicians have a long relationship with their communities and are working diligently to maintain the health of their patients,” said Dr. Michael K. Hill, STQN Medical Director. “By providing proactive disease management, they are actively working to minimize the long-term impact of chronic conditions.”

Q4

Fourth Quarter

STQN presented 2016 fourth quarter Medical Director Quality Awards to Drs. Joseph Landers and David Toups. Dr. Landers, an internist and hospital medicine physician at St. Tammany Parish Hospital (STPH), and Dr. Toups, medical director of the STPH Emergency Department, were recognized for facilitating clinical adherence to best practices for sepsis care. The Centers for Disease Control and Prevention defines sepsis as “a complication caused by the body’s overwhelming and life-threatening response to infection, which can lead to tissue damage, organ failure and death.” Early identification and treatment are crucial to minimizing the impact of sepsis and Dr. Toups and Dr. Landers have implemented interventions that will improve patient outcomes.



“Beginning with Dr. Toups and his team in the Emergency Department and extending to Dr. Landers and the hospital medicine team on the inpatient units, we want to ensure patients are receiving evidence-based care that can improve sepsis clinical outcomes,” said Dr. Michael K. Hill, STQN Medical Director.

2017 Strategic Plan

STQN was established to align key physicians and STPH in a patient-centered healthcare delivery system with a focus on quality and efficiency. During the last several years, the network has taken strategic steps to prepare itself for continued success well into the future. In 2016, as it does annually, the STQN board and committee members evaluated the strategic plan and modified it accordingly in order to respond to the changing demands of the current healthcare environment. It is a fluid time in healthcare, and evaluation and repositioning are crucial to being successful.



STQN continues to develop the clinical and data gathering infrastructure necessary to manage and understand patient needs. To accomplish this, gaps in care must be identified utilizing data analytics and followed by patient outreach.

STQN continues to develop the clinical and data gathering infrastructure necessary to manage and understand patient needs. To accomplish this, gaps in care must be identified utilizing data analytics followed by patient outreach. This will continue to be the focus of the network in 2017.

Once patient and population needs are understood, STQN must lead efforts in continuous care innovation and redesign with the ultimate goal of improving outcomes. The multi-disciplinary teams have focused on developing best practices and clinical guidelines across the continuum of care. This will continue and expand in the coming years. The scope of these teams will focus on all areas where healthcare is provided, including the primary care settings as well as secondary and tertiary care. The care continuum extends to post-acute care that may occur in settings such as the home, nursing facilities or outpatient rehabilitation settings.

Strong community partnerships are important to managing the total care of patients. STQN will build on the relationships that it began to develop this year. It will continue to invest in systems that minimize gaps in care, streamline communication between providers and improve quality outcomes.

Finally, STQN will maintain its commitment to providing resources that can be shared by the network physicians to further the mission of being a high-performing healthcare delivery system. Quality and performance initiatives often require an increase in administrative resources and the goal is to seek strategies that allow the sharing of these services without adding significant cost.

2016 Annual Meeting

Pictured below, Clockwise: Drs. Sunil Purohit, Linda Keefer, Ralph Millet, Katie Taranto, Merrill Laurent, John Oubre, Brandon Bean



Pictured below, Clockwise: Drs. John Oubre, Sharon Lily, Merrill Laurent, Charles Baier, Robert Faucheux, Jennifer Daly, M'Liss Hogan, Melissa Inman, Hamid Hussain, Hamid Salam



2016 Awards and Recognition

- **Pew Research**
St. Tammany Parish Hospital is one of only 10 hospitals featured by The Pew Charitable Trusts as a community hospital leading the way in the fight against antibiotic resistance – one of today’s most urgent health threats, both around the world and in Louisiana.
- **Infectious Diseases Society of America**
Poster Presentation Community Hospital Antibiotic Stewardship Program: Impact on Clostridium difficile Incidence
- **Quality Blue Primary Care**

Dr. Libeau Berthelot
Hypertension Care

Dr. Chris Foret
Hypertension Care & Vascular Care

Dr. Mark James
Hypertension Care & Vascular Care

Dr. Jennifer Miles
Hypertension Care

Dr. Linda Keefer
Hypertension Care

Dr. Nathalie Kerkow
Hypertension Care

Dr. Charles Baier
Hypertension Care

Dr. Ralph Millet
Hypertension Care

Dr. Glen Kesler
Hypertension Care



2016 Board and Committee Members

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Michael Hill MD, Medical Director

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Mark Dominguez MD

Jim Lacour MD

David Powers MD

Sunil Purohit MD

Patti Elish FACHE, President/CEO (Ex Officio)

Bob Capitelli MD, Sr. Vice President/CMO (Ex Officio)

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Rachel Cresap MD

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Hamid Salam MD

Patrick Torcson MD

David Toups MD

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Phillips Jenkins MD

Patrick McCaslin MD

Nathan Ranney MD

Jay Saux MD



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